

Please type a plus sign inside this box



09 JUL 2002

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                        |                  |
|---|--|------------------------|------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> |  | Application Number     | 10/089,722       |
|   |  | Filing Date            | April 4, 2002    |
|   |  | First Named Inventor   | Alan Taylor      |
|   |  | Group Art Unit         | N/A              |
|   |  | Examiner Name          | Not Yet Assigned |
| Total Number of Pages in This Submission  |  | Attorney Docket Number | G0365.0354/P354  |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)<br>Combined Declaration and Power of Attorney<br>Credit Card Payment Form |
| Remarks   |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual Name                    | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Edward A. Meilman |
| Signature                                  |   |
| Date                                       | July 9, 2002  |

07/11/2002 LLAHDBRA 00000035 10089722

01 FC0154

130.00 0P

| <b>FEE TRANSMITTAL<br/>for FY 2002</b>   |  | <b>Complete if Known</b> |                  |
|--|--|--------------------------|------------------|
| <i>Patent fees are subject to annual revision.</i>                             |  | Application Number       | 10/089,722       |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Filing Date              | April 4, 2002    |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 910.00                                    |  | First Named Inventor     | Alan Taylor      |
|  |  | Examiner Name            | Not Yet Assigned |
|  |  | Group Art Unit           | N/A              |
|  |  | Attorney Docket No.      | G0365.0354/P354  |

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)   |              |                                    |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
|--|---|--------------|------------------------------------|--|----------------|-----------------|--------------|----------|----------|------------------------------------|----------|--------------------|-----|--------|------------------------------------|-------------------------------------|--------------------|-----|-----|------------------------------------|-----|--|--|--------------|-----|-----------------|----------|---------------------------|----------|----------|----------|-----|-------|--|---|------------------------|------|-----|------|--|----|-----------------------------------|--------|-----|--------|---|-----|---------------------------------------|-----|-----|----|--|----|--|-----|-----|-----|---|---|--|-----|--------------------------------|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|---------------------------|--------|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">50-2215</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span><br>The Commissioner is hereby authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br>to the above-identified deposit account.  | <b>3. ADDITIONAL FEES</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>130.00</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3)</b> (\$ )</td> <td>170.00</td> </tr> </tbody> </table> | Large Entity |                                    | Small Entity   |                | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code                           | Fee (\$) | 105                | 130 | 205    | 65                                 | Surcharge - late filing fee or oath | 130.00             | 127 | 50  | 227                                | 25  | Surcharge - late provisional filing fee or cover sheet |  | 139          | 130 | 139             | 130      | Non-English specification |          | 147      | 2,520    | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |   | 112                    | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |    | 113                               | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |     | 115                                   | 110 | 215 | 55 | Extension for reply within first month |    | 116  | 400 | 216 | 200 | Extension for reply within second month |   | 117  | 920 | 217                            | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3)</b> (\$ ) | 170.00 |
| Large Entity   |   | Small Entity |                                    | Fee Description  | Fee Paid       |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)                           |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 105  | 130   | 205          | 65                                 | Surcharge - late filing fee or oath  | 130.00         |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 127  | 50  | 227          | 25                                 | Surcharge - late provisional filing fee or cover sheet                     |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 139  | 130   | 139          | 130                                | Non-English specification  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 147  | 2,520   | 147          | 2,520                              | For filing a request for <i>ex parte</i> reexamination                     |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 112  | 920*  | 112          | 920*                               | Requesting publication of SIR prior to Examiner action                     |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 113  | 1,840*  | 113          | 1,840*                             | Requesting publication of SIR after Examiner action                        |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 115  | 110   | 215          | 55                                 | Extension for reply within first month                                     |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 116  | 400   | 216          | 200                                | Extension for reply within second month                                    |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 117  | 920   | 217          | 460                                | Extension for reply within third month                                     |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 118  | 1,440   | 218          | 720                                | Extension for reply within fourth month                                    |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 128  | 1,960   | 228          | 980                                | Extension for reply within fifth month                                     |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 119  | 320   | 219          | 160                                | Notice of Appeal   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 120  | 320   | 220          | 160                                | Filing a brief in support of an appeal                                     |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 121  | 280   | 221          | 140                                | Request for oral hearing   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 138  | 1,510   | 138          | 1,510                              | Petition to institute a public use proceeding                              |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 140  | 110   | 240          | 55                                 | Petition to revive - unavoidable   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 141  | 1,280   | 241          | 640                                | Petition to revive - unintentional   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 142  | 1,280   | 242          | 640                                | Utility issue fee (or reissue)   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 143  | 460   | 243          | 230                                | Design issue fee   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 144  | 620   | 244          | 310                                | Plant issue fee  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 122  | 130   | 122          | 130                                | Petitions to the Commissioner  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 123  | 50  | 123          | 50                                 | Processing fee under 37 CFR 1.17(q)  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 126  | 180   | 126          | 180                                | Submission of Information Disclosure Stmt                                  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 581  | 40  | 581          | 40                                 | Recording each patent assignment per property (times number of properties) | 40.00          |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 146  | 740   | 246          | 370                                | Filing a submission after final rejection (37 CFR 1.129(a))                |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 149  | 740   | 249          | 370                                | For each additional invention to be examined (37CFR 1.129(b))              |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 179  | 740   | 279          | 370                                | Request for Continued Examination (RCE)                                    |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 169  | 900   | 169          | 900                                | Request for expedited examination of a design application                  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Other fee (specify) _____  |   |              |                                    |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| *Reduced by Basic Filing Fee Paid  |   |              |                                    | <b>SUBTOTAL (3)</b> (\$ )  | 170.00         |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| <b>1. BASIC FILING FEE</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (1)</b> (\$ ) _____</td></tr> </tbody> </table>  |   | Large Entity |                                    | Small Entity   |                | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code                           | Fee (\$) | 101                | 740 | 201    | 370                                | Utility filing fee                  |                    | 106 | 330 | 206                                | 165 | Design filing fee                                      |  | 107          | 510 | 207             | 255      | Plant filing fee          |          | 108      | 740      | 208 | 370   | Reissue filing fee                                     |   | 114                    | 160  | 214 | 80   | Provisional filing fee                                 |    | <b>SUBTOTAL (1)</b> (\$ ) _____   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Large Entity   |   | Small Entity |                                    | Fee Description  | Fee Paid       |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)                           |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 101  | 740   | 201          | 370                                | Utility filing fee   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 106  | 330   | 206          | 165                                | Design filing fee  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 107  | 510   | 207          | 255                                | Plant filing fee   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 108  | 740   | 208          | 370                                | Reissue filing fee   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 114  | 160   | 214          | 80                                 | Provisional filing fee   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| <b>SUBTOTAL (1)</b> (\$ ) _____  |   |              |                                    |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>20</td> <td>-20** =</td> <td><input type="checkbox"/> x _____ =</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3** =</td> <td><input type="checkbox"/> x _____ =</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td><input type="checkbox"/> x _____ =</td> <td></td> </tr> </tbody> </table><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6"><b>SUBTOTAL (2)</b> (\$ ) 0.00</td></tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p> |   |              |                                    | Extra Claims   | Fee from below | Fee Paid        | Total Claims | 20       | -20** =  | <input type="checkbox"/> x _____ = | 0.00     | Independent Claims | 2   | -3** = | <input type="checkbox"/> x _____ = | 0.00                                | Multiple Dependent |     |     | <input type="checkbox"/> x _____ = |     | Large Entity   |  | Small Entity |     | Fee Description | Fee Paid | Fee Code                  | Fee (\$) | Fee Code | Fee (\$) | 103 | 18    | 203  | 9 | Claims in excess of 20 |      | 102 | 84   | 202  | 42 | Independent claims in excess of 3 |        | 104 | 280    | 204   | 140 | Multiple dependent claim, if not paid |     | 109 | 84 | 209                                    | 42 | ** Reissue independent claims over original patent |     | 110 | 18  | 210                                     | 9 | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> (\$ ) 0.00 |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
|  |   | Extra Claims | Fee from below                     | Fee Paid   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Total Claims   | 20  | -20** =      | <input type="checkbox"/> x _____ = | 0.00   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Independent Claims   | 2   | -3** =       | <input type="checkbox"/> x _____ = | 0.00   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Multiple Dependent   |   |              | <input type="checkbox"/> x _____ = |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Large Entity   |   | Small Entity |                                    | Fee Description  | Fee Paid       |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)                           |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 103  | 18  | 203          | 9                                  | Claims in excess of 20   |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 102  | 84  | 202          | 42                                 | Independent claims in excess of 3  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 104  | 280   | 204          | 140                                | Multiple dependent claim, if not paid                                      |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 109  | 84  | 209          | 42                                 | ** Reissue independent claims over original patent                         |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| 110  | 18  | 210          | 9                                  | ** Reissue claims in excess of 20 and over original patent                 |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |
| <b>SUBTOTAL (2)</b> (\$ ) 0.00   |   |              |                                    |  |                |                 |              |          |          |                                    |          |                    |     |        |                                    |                                     |                    |     |     |                                    |     |  |  |              |     |                 |          |                           |          |          |          |     |       |  |   |                        |      |     |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                                |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                           |        |

| SUBMITTED BY      |                          | Complete (if applicable)          |                |
|-------------------|--------------------------|-----------------------------------|----------------|
| Name (Print/Type) | Edward A. Meilman        | Registration No. (Attorney/Agent) | 27,735         |
| Signature         | <i>Edward A. Meilman</i> | Telephone                         | (212) 896-5470 |
|                   |                          | Date                              | July 9, 2002   |



## UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents, Box PCT  
United States Patent and Trademark Office  
Washington, D.C. 20231  
www.uspto.gov

|                             |                       |                  |
|-----------------------------|-----------------------|------------------|
| U.S. APPLICATION NUMBER NO. | FIRST NAMED APPLICANT | ATTY. DOCKET NO. |
| 10/089,722                  | Alan Taylor           | G0365.0354/P354  |

|                               |               |
|-------------------------------|---------------|
| INTERNATIONAL APPLICATION NO. |               |
| PCT/GB00/03643                |               |
| I.A. FILING DATE              | PRIORITY DATE |
| 09/22/2000                    | 10/07/1999    |

Dickstein Shapiro Morin & Oshroff  
1177 Avenue of the Americas  
New York, NY 10036-2714

DSMO FILE NO. G0365.0354

DUE: 7- AUG. 2002

C/L: \_\_\_\_\_

ENTERED BY: HM

ATTY: EXM

Date Mailed: 06/07/2002

CONFIRMATION NO. 2689

371 FORMALITIES LETTER

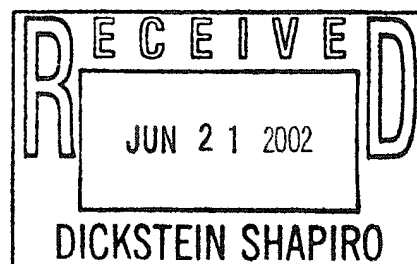


\*OC000000008247733\*

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as an Elected Office (37 CFR 1.495):

- U.S. Basic National Fees
- Priority Document
- Copy of IPE Report
- Copy of references cited in ISR
- Copy of the International Application
- Copy of the International Search Report
- Information Disclosure Statements
- Preliminary Amendments
- Request for Immediate Examination



The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- \$130 Surcharge for providing the oath or declaration later than the appropriate 30 months from the priority date (37 CFR 1.492(e)) is required.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTH FROM THE DATE OF THIS NOTICE OR BY 22 or 32 MONTHS (where 37 CFR 1.495 applies) FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

## SUMMARY OF FEES DUE:

Total additional fees required for this application is **\$130** for a Large Entity:

- **\$130** Late oath or declaration Surcharge.

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

LAMONT M HUNTER

Telephone: (703) 305-3686

## PART 1 - ATTORNEY/APPLICANT COPY

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/089,722                  | PCT/GB00/03643                | G0365.0354/P354  |

FORM PCT/DO/EO/905 (371 Formalities Notice)

Docket No.: G0365.0354/P354  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

---

In re Patent Application of:  
Alan Taylor

Application No.: 10/089,722

Group Art Unit: N/A

Filed: April 4, 2002

Examiner: Not Yet Assigned

For: COATING MATERIALS

---

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35  
U.S.C. 371**

**Box Missing Parts**  
Commissioner for Patents  
Washington, DC 20231

Dear Sir:

In response to the Notification of Missing Requirements Under 35 U.S.C. 371 mailed June 7, 2002, Applicant respectfully submits a Combined Declaration and Power of Attorney, and an Assignment (and Recordation Form Coversheet).

Please charge our Credit Card in the amount of \$170.00 covering the fee set forth in 37 CFR 1.16(e), the filing fee for the subject application, and the Assignment recordation fee. Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any

Application No.: 10/089,722

Docket No.: G0365.0354/P354

paper hereafter filed in this application by this firm) to our Deposit Account No. 50-2215, under Order No. G0365.0354/P354. A duplicate copy of this paper is enclosed.

Dated: July 9, 2002

Respectfully submitted,

By Edward A. Meilman

Edward A. Meilman

Registration No.: 27,735

DICKSTEIN SHAPIRO MORIN &  
OSHINSKY LLP

1177 Avenue of the Americas

41st Floor

New York, New York 10036-2714

(212) 835-1400

Attorneys for Applicant